

FOREIGN DEPARTMENT

IN CHARGE OF
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STATE SANITARIUM AT BEELITZ

AT Beelitz, about an hour's ride from Berlin, is an institution which I regard as being about the most remarkable that I have ever seen.

It is the sanitarium of the "Landesversicherung" of the district of Berlin for tuberculosis and other disorders which tend to become chronic, such as rheumatism, etc.

Not only as an institution is it peerless and unique, but its manner of foundation is peculiarly interesting and characteristic of Germany, and so different from anything known in our American experience that before describing it some account must be given of the state insurance laws of Germany. No other country in Europe has such legislation as Germany in regard to provision for old age and sickness among working classes. It is generally well known that Germany leads the world to-day in organized war upon tuberculosis and in a wide-spread and efficient system of sanatoria, but it is not equally well-known that this development of sanatoria is the direct result—certainly a result not foreseen by the founders of the laws—of the compulsory insurance against invalidity.

Without attempting a thorough or scientifically detailed account of this legislation, which indeed would require pages and pages of print, I will try only to give a simple outline of the characteristic features of the laws and the way they work.

1st. The "Krankenkasse," or sick funds.

The laws regulating this are older and are not a part of the old age and invalidity insurance. They aim at provision for short, acute, or curable illness, such as is treated in a general hospital. All working people must belong to a "Krankenkasse" either of their locality or town, and the principle is, that the laborer himself pays a small weekly contribution (only a few cents a week) and the *employer also* pays for each of his employees a weekly contribution. Then for each person the public funds contribute a certain share. This fund provides for temporary illness. Thus in the city hospitals of Germany there are almost no *free* patients, but the day laborer, for instance, who in New York would

be carried to Bellevue or the free wards of the New York or some other big hospital, is a paying patient in the German hospitals. His "Krankenkasse" pays for him as a third-class patient, about sixty cents a day. All of the Red Cross and Deaconess hospitals take a certain number of third-class patients, and the great city hospitals such as Charité and Moabit take only this class of patients and no other. What we call "pay patients" are designated as "second" and "first" class, according to the prices they pay for private rooms. If the member of the "Krankenkasse" is not a hospital patient his sick-pay is given to him at home. I believe it is also possible for his family to receive assistance if necessary while he is in hospital.

2d. The "Alters und Invaliditäts Versicherung," the insurance against old age and loss of health.

This is newer law, established in the time of the old Emperor William and Bismarck, and, like the sick fund, this insurance is compulsory for the great mass of workers. The principle is the same as the sick fund: every worker pays a fixed sum (very tiny) and every employer pays for each employee a fixed sum, and the state adds for each insured person about twelve dollars a year.

As to the old-age insurance, every insured person at the age of 70, receives an old-age pension, whether he be sick or well. (I use the classical expression "he," but "she" who works is also included.) True, the pension is very small, yet enough often to make the difference between independence and pauperism. The provisions for loss of health cover the whole period, no matter how long, during which the worker may be physically incapable of work, beginning at the point where the "Krankenkasse" leaves off. Thus working people who from any cause, no matter what, are reduced in health to below the self-supporting capacity, get their invalidity payments regularly up to the point where their old-age pension comes due.

Now the far-reaching and impressive result of this part of the compulsory insurance laws is shown in the fact that, from being simply an incoming-paying relief agent in sickness, the state insurance has developed into the most gigantic and systematic agency for *prevention* of preventable illness and for the *curing* in early stages of diseases which tend to become incurable if neglected.

It was found that it was better to prevent invalidity than just to support it, and therefore over the entire German Empire the state insurance has established sanatoria for all debilitating diseases but preëminently for tuberculosis. This is the unique feature that impressed me most at Beelitz, for it must be remembered, these Sanatoria

are entirely for the working populations, not for "pay patients." There are plenty of other sanatoria under private management where the "2d and 1st class" invalids can be treated. For convenience in administering the law the whole empire is divided into districts, and the sanitarium of Beelitz belongs to the district which comprises solely the city of Berlin. Owing to the large population of this district and consequent wealth of the insurance department Beelitz is the finest of all the state sanatoria. It has something like three and a quarter million dollars—thirteen million marks. This sum may give an idea of its capacity and adequacy. It is situated in a district of pine and fir forest, of which it owns an immense tract, I do not know how much. At one side of its tract lies the tuberculosis colony, and at the other side the colony for rheumatics, nervous and debilitated cases. It is, of course, the aim to send all cases in as early a stage as possible. At present the pavilions accommodate only four hundred patients on each side, as the plan is to enlarge the bed capacity according to necessity. Thus the administration buildings, power house, electric plant, kitchen, laundries, sterilizing departments, store-rooms and cold-storage are all built upon a scale which will make them easily adequate to trebled or even quadrupled demands, and, in the near future, several hundred beds will be added for women on the tuberculosis side. The distances are naturally great, and there are underground passages or tunnels which I did not go into. The first thing that strikes one is the extreme beauty of the architecture of all buildings, copied from old German styles, being a combination of red brick, yellowish brown plaster, and timbering, with dull red tiled roof. Next striking on the tuberculosis side are the rows or scattered groups of little wooden shacks where the patients recline in their long chairs. They do not sleep out of doors here, as the air is damp at night, but spend the whole day lying in these little half-open, half-covered shelters, placed with their backs to the prevailing winds, and open sides to the sun. The pavilions proper are single ones, one for men and one for women, built in the same beautiful style as the other buildings and two stories high. I have never seen more beautiful pavilions, superb with the effects of spaciousness and the sumptuousness of modern aseptic fittings, white tilings and glass, nickel, marble, and porcelain. To the aseptic splendor is added a charm of ornamental and unexpected architectural details in lines and proportions. Thus in the great dining-halls the windows are not just fine big windows but are artistically delightful windows that one's eyes rest upon with pleasure. The ceilings are not just plain ceilings but are beautiful Gothic ceilings, and the men's din-

ing-room especially is not unlike the hall of state in a German Rathaus. By the way each dining-hall has an orchestrion to make music during meals. Also, exceedingly pleasing color effects have been introduced by stenciling the lines of dado and ceiling in artistic leaf patterns and soft colors. This is all oil paint and of course washable. The lavishness and bigness of all the accessory rooms, serving kitchens, linen-rooms, and nurses' work-rooms, is especially striking; bath-rooms of the ordinary kind are overshadowed by the amplitude of rooms for showers and sprays of every variety; for instance, there were twelve different fixtures in one room, each of which made a different shape (so to speak) of spray,—one spray long and narrow, another small and round, another fan-shaped, etc., etc. Another was a steam spray. Then there were rooms for wet packs, where the patients reclined on long couches; and rooms where either cold or hot water circulates directly from the tap through rubber coils on the chest or abdomen of the patients whose reclining chairs are placed comfortably on either side of the fixture. (No laboriously climbing to fill an ice-pail mounted on a ward table, while a humble bucket receives the outflow. The outflow is carried off through the same plumbing fixture.)

For all utensils, bed-pans, basins, brooms, scrub-brushes, etc., they have not closets but rooms—big, airy, and open. There are rooms where the patients go to wash in the morning (no toilet apparatus of any kind is in the sleeping-rooms) where the walls are lined with porcelain fixtures with hot and cold water, all separated by wire-glass half-screens. As no patient is allowed to cleanse her mouth into the ordinary fixtures, the centres of these wash-rooms contain special fixtures for gargling and rinsing the mouth. A glass stands on a nickel ring and a jet supplies water for the glass. The fixtures are just a convenient height as the patient stands, and are big funnel shaped porcelain receivers with a circular water supply like a small whirlpool, which is worked by a pressure of the foot. I don't know what becomes of the water but am sure it is well looked after. These fixtures are also separated by wire-glass screens.

Then there are the sterilizers,—one for the glass sputum cases and one for all clothing before it goes to the laundry. These stand in marble tile-lined rooms and the shaft where the clothes are dropped for the laundry is also marble-lined. Also in each pavilion is a room where clothes must be brushed and boots cleaned. Hydrotherapy is greatly used in the treatment of tuberculosis, and to a limited extent, muscular exercises also. These are provided for in a special room. The patients' bedrooms are almost all window, are absolutely simple, and may contain

as many as four patients but not more. On each little bedside table stands a large bowl with a folded towel in cold water, and upon rising, before any clothing is put on, certain "wet frictions" are performed.

While on the tuberculosis side the conveniences for hydrotherapy seem lavish, they are insignificant compared with the other side, where an entire enormous pavilion, more stately and imposing than the houses of many princes, is devoted entirely to baths and muscular exercises. The entrance, with broad double stairways and corridors *banked* with green plants, might be the entrance to some beautiful museum. Besides every form of water treatment there are the hot-air baths and the electric and the blue-light baths in wooden cases, with the head only emerging from an opening, and the plunge baths, and the mud baths. These most unattractive looking baths are excellent for rheumatism and are lavishly used in spite of their cost, which as the mud is never used twice even for the same patient, is about seventy-five cents a bath. A great deal of massage is given, and in many cases, instead of an oily lubricant, soap and water is used to lubricate. Oil is now only used in massage if the doctors order it specially. Finally there is an immense hall with outfit of the Zander Swedish apparatus for passive and resistive movements, such as I have seen at home only in expensive private sanatoria like Battle Creek.*

The food in Beelitz is abundant and of the best quality. The nursing is supervised by fully trained nurses, who have under them men and women attendants, and there is a trained matron or Oberlin at the head. It is in keeping with the whole character of the place that the nurses and attendants are well lodged and cared for, have generous salaries (for Germany unusually so), proper time for rest, and are not overworked. They wear very trim and pretty uniforms, the nurses blue with their hospital cap, the attendants pink without a cap, the men a seersucker. The force of housemaids and cleaners is also unusually ample.

We had coffee and cake in the cheerful little sitting-room of one head nurse, and a delicious supper of eggs and cold meat and salads in the private dining-room of another. We spent half a day in seeing the place, and should have had a whole day. We visited the matron, who was a Victoria House sister, but saw no doctors, who have their own separate little villas on the grounds. The whole thing was a revelation, and it would be hard to think of a detail in which it could be improved.

* The Massachusetts General Hospital has a very complete "Zander" outfit.—Ed.